

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2808AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER SPECIAL LOVING CARE ALZ CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 6562 W MESA VISTA AVE LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28381</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 6/25/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B.</p> <p>The facility is licensed for five Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 050 SS=F	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p>	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 088	Continued From page 2 maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review and interview on 6/25/09, the administrator failed to maintain a monthly staffing schedule that needs to be retained for at least six months. This was a repeat deficiency from the 1/16/09 State Licensure survey.	Y 088		
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation and interview on 6/25/09, the facility failed to provide at least a 2-day supply of fresh food and at least a 1 week supply of canned food in the facility for 5 of 5 residents. While there was a good supply of soup, there were few other canned goods. Severity: 2 Scope: 3	Y 253		

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Y 351 SS=F	<p>449.222(2)(a) Bathrooms and Toilet Facilities</p> <p>NAC 449.222</p> <p>2. Each residential facility that was issued an initial license on or after January 14, 1997 must have:</p> <p>(a) A flush toilet and lavatory for each four residents.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28381</p> <p>Based on observation and interview on 6/25/09, the facility failed to provide access to 1 of 2 flush toilets for 5 of 5 residents.</p> <p>Findings include:</p> <p>Based on interview with residents, they believed they had access to only 1 of 2 bathrooms in the facility. They reported the caregiver had a key to the hallway bathroom and they had to ask for them to unlock it if they needed to use it. The hall bathroom was locked during the survey. The facility was cited for this same issue during the 1/16/09 annual State Licensure survey. In the plan of correction dated 4/20/09, the administrator indicated the caregivers had been instructed they could not limit the residents use of the hall bathroom. The facility caregivers were not following this corrective action.</p> <p>This is a repeat deficiency from the 1/16/09 annual State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 351		
Y 434 SS=D	<p>449.229(3) Emergency Drills</p>	Y 434		

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Y 434	Continued From page 4 NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 6/25/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 2 of 12 months (May and June of 2009). This was a repeat deficiency from the 1/16/09 annual State Licensure survey. Severity: 2 Scope: 1	Y 434		
Y 999	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28381	Y 999		

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Y 999	<p>Continued From page 5</p> <p>449.2754(1)(g) Alzheimer's Facility</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care for persons with Alzheimer's disease shall insure that:</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> <p>This regulation is not met as evidenced by:</p> <p>Based on observation on 6/25/09, the facility failed to ensure the door to the laundry room was kept locked to protect residents from toxic substances.</p> <p>Severity: 2 Scope: 1</p>	Y 999		

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